

Exhibit “D”

Hillary Weinstein

From: rene rothstein rubin md <renerubin@hotmail.com>
Sent: Friday, October 18, 2019 11:26 AM
To: jerome marcus; Hillary Weinstein
Subject: Fw: Transfer from Stifel to Wells Fargo
Attachments: 90228788_1_Redacted.pdf; 90228792_1_Redacted.pdf; 90228776_1_Redacted.pdf; 90228784_1_Redacted.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Rene Rothstein Rubin, MD
Co-director of the Hahnemann Cancer Center
610-608-4528

From: Michael P. Mangan <mpm@mangan-ginsberg.com>
Sent: Thursday, July 18, 2019 9:31 AM
To: rene rothstein rubin md <renerubin@hotmail.com>
Subject: Transfer from Stifel to Wells Fargo

Rene -

See attached documents as discussed.

Mike

--
Mangan Ginsberg LLP
80 Maiden Lane, Suite 304
New York, New York 10038
Tel: (212) 248-2170
Fax: (212) 248-2155

From: Dmitriy Topchiy Fax: +1 (888) 688-4122 * 105

To:

Fax: +1 (704) 427-7551

Page 1 of 2 7/26/2013 2:55

FAX**Date:** 7/26/2013**Pages including cover sheet:** 2

To:	
Phone	
Fax Number	+1 (704) 427-7551

From:	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
Phone	(347) 263-8487
Fax Number	+1 (888) 688-4122 * 105

NOTE:

Please review and process ASA form for acc [REDACTED] 8805

From: Dmitry Topchiy

Fax: +1 (800) 682-4122 To: info@services.attreamsoft.com

Fax +1 (704) 427-7551

Page 2 of 2 7/26/2013 2:55

212	6440	REC'D	VISIT
John Doe Client			
Attorney Type:			
Individuals,	Individual	Corporation/Partners	Guardian/Conservatorship MVA Health Appointments
		Sale Proprietary	
		IRA Plan	
		ESOP Plan - Custodian	
Joint:	Joint Tenants as Co-tenants	Joint Tenants w/ Right of Survivorship	Joint Tenants by Entirety (as permitted by your State)
Community Property (as required by your State)			
Custodian/Designee			
Advisory Advocate	Asset Service	CustomChoice	Customer Success
Financial Choice	Financial Pathways	Market	File
Private Network	Public Choice	Client Choice	World Wide Choices
Primary Owner Name:			
Michael Rothstein			
Social Security or Tax ID No.			
Physical Address:			
1655 East 19th St			
City	State	Zip Code	Country
Brooklyn	NY	11229	USA
Co-Owner Associated Party's Name ¹ (if applicable)			
H. J. S. Rothstein			
Co-Owner Associated Party's Name ² (if applicable)			
Rene Rothstein - Rubin			
Co-Owner/Associated Party's Name ³ (if applicable)			
<p>I understand and acknowledge that no investment and insurance products in my brokerage account are NOT insured by the FDIC or any other federal government agency.</p> <p>are NOT sold directly or separately or guaranteed by any MetLife Fiduciary Bank or by any Bank Officers involved in investments made, including possible loss on principal.</p> <p>I agree to privacy, release and indemnify all use MetLife Fiduciary of any of the Customer's financial products information is not subject to disclosure,無論 whom. I understand that MetLife Fiduciary will not disclose information and that it is my responsibility to provide accurate and timely reports. We fail to do so may affect my compensation. If it is a lower to the related to investments in my account, I decline to accept or make changes to my account. I will provide confirmation to MetLife Fiduciary.</p>			
<p>DISCLAIMER: THIS AGREEMENT IS NOT A CONTRACT OF INSURANCE. This agreement is for limited purposes. It is not a fundamental contract, insurance, or investment product.</p> <p>By signing here and agreeing to these terms, you agree to receive the services offered through the program. See Client Agreement Section 10 E.</p>			
<p>BY SIGNING THIS SIGNATURE PAGE, YOU AUTOMATICALLY ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THE CLIENT AGREEMENT AND TO THE FOLLOWING:</p> <p>1. Payment: If there is a Margin Account, any amounts due the client to P.M. Securities LLC shall be turned to MetLife Fiduciary. If there is no Margin Account, any amounts due the client to P.M. Securities LLC shall be turned to MetLife Fiduciary.</p>			

THE RECOMMENDED TALENT AND SKILL STANDARDS ARE NOT THE ONLY INDICATORS OF THE QUALITY OF A PROGRAM. ANOTHER SET OF INDICATORS IS THE PRACTICAL APPLICATION OF THE LEARNED KNOWLEDGE AND ITS USE IN PRACTICE.

◎ 陈鹤琴著《家庭教育》的编者说明指出：「此书是鹤琴先生在北大讲学时，根据他与学生们的谈话，以及他与一些家庭的接触，整理出来的一本家庭教育的参考书。」

- 10. Management of your Financial Assets.** My Financial Advisor may write a status of depositors in Section III of the User Agreement.
- 11. Communication Committee.** My Financial Advisor may write a status of depositors in Section III of the User Agreement.
- 12. Compensation and Audit Program Amendments.** In connection with the Change in Control Program, Wells Fargo Bank, N.A. has deposited a Bank Account in my User Agreement and entitled the beneficiary named earlier under the terms and conditions in the User Agreement and may deposit any inquiry or question appropriately, including check or other documents, to determine if the User's account has been seized. This also applies to the terms of the standard notification program described in the Standard Agreement relating to deposits specifically made by the User through the User Agreement.
- 13. Right Attached Bankers with Rights of Suretyship in Alabama, North Carolina, Tennessee, Texas and Virginia Only.** I retain my right to file a notice with such offices of state banks that this account is to be released with right of suretyship and that on the date of my death to a bank account of mine in the state, on the date of death, year of, and bearing to the authority party as far as my property and rights. Each clause appearing below will be inserted to a parent, who will add the following language to each clause: and no less than five years from now or until deposited to the account. You may attach each on such clause as you desire to the management, control or disposition of my property or assets of such person as appears.
- 14. Permanence for Users Identified with Financial Institutions.** Wells Fargo, date: 11/14, and any of its affiliates is authorized to make this public recordable information, which Wells Fargo, First and any of its affiliates may have about your account, including the Wells Fargo Bank account number with Citizens' Welfare Fund Advisors, Financial Network, LLC, Financial Advisor and other Registered Persons of Wells Fargo Financial Network, LLC. This is in addition to general information of your account, financial advisor, to whom you may give your financial advisor.

1. U.S. Persons or Resident aliens: By checking this box under penalties of perjury, I certify that:
a) The numbers shown on this form is my current Payroll Identification Number (for I am willing for a number to be issued to me); and
b) I am not subject to backup withholding because (i) an exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report a interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding and I c) I am a U.S. citizen or other U.S. person.
You must check out here, 2. Person: If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return from Schedule A/B. By checking this box I certify that I am a U.S. citizen or resident alien. By checking this box I am waiving my right to deduct expenses related to this corporation. If one of the joint filers provides a Form 4, it will be furnished in accordance with the procedures set forth in § 1.460(b)(4) through (6). If one of the joint filers can deduct expenses related to this corporation, he or she may file Form 4.

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAN"), member FINRA/SIPC and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAN uses the trade name Wells Fargo Advisors.

585060 (Rev. 03) Page 1 of 1 Form 1-Code 10-12-03

Sitt & Rothstein v. WF, JPM, et al.

CONFIDENTIAL

WF JPM 002838

From: Dmitriy Topchiy Fax: +1 (888) 688-4122 * 105

To:

Fax: +1 (704) 427-7551

Page 1 of 2 7/29/2013 11:26

FAX**Date:** 7/29/2013**Pages including cover sheet:** 2

To:	
Phone	
Fax Number	+1 (704) 427-7551

From:	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
Phone	(347) 263-8487
Fax Number	+1 (888) 688-4122 * 105

NOTE:

Please review and process ASA form for account [REDACTED]-8805. Thank you.

From Dmitry Topchii

Fax +1 (888) 683-4129 To:

Fax +1 (704) 427-7551

Page 2 of 2 7/29/2013 11:26

Sub Type	SPD Code	Ref Date	Account Number				
Office Use Only	1072	BKLM	6KL3				
Individual Information							
Individual	Customer/Muni	Guardianship/Power-of-Attorney (Not much applicable)			Sole Proprietor	SBP Plan	E&P Plan - Unincorporated
Joint	Joint Tenants in Common By yourself	Joint Tenants as Primary If permitted by your state,			Community Property (if required by your State)	SBP Plan - Joint	
Associate	Associate Adviser	Customer Partners	DMA	Fundamental Change	Fundamental Partners	Members	Private Advisor Network
Primary Contact Name <i>Michael Rothstein</i>							
Meeting Address 1635 East 19th St							
City	Brooklyn	State	NY	Zip Code	11209	Country	USA
Co-Owner/Associate Party's Name 1 (if applicable)	<i>H.S. Rothstein</i>						
Co-Owner/Associate Party's Name 2 (if applicable)	<i>Rene Rothstein - Rubin</i>						
Co-Owner/Associate Party's Name 3 (if applicable)							
<p>I understand and acknowledge that investments and insurance products in my brokerage account</p> <ul style="list-style-type: none"> • are NOT insured by the FDIC or any other federal government agency • are NOT obligations or deposits of or guaranteed by any Wells Fargo Bank or any bank affiliate • involve investments risk, including possible loss of principal <p>I agree to promptly review and independently analyze Wells Fargo Bank's or the Chairman's Broker Account Profile Information, for disclosure of investment risk factors, performance due Wells Fargo's self-reporting of its information and that it is my responsibility to provide additional information to my Financial Advisor if I decide to make changes in my account. I will provide notification to Wells Fargo</p>							
<p>TRANSACTION CONFIRMATION I agree to receive transaction confirmations from Wells Fargo's Comprehensive Brokerage Program.</p> <p>By initialing here and signing below, I agree to receive transaction confirmations on the assets entered in the program.</p> <p>See Client Agreement, Section IV, 2</p>							
<p>BY SIGNING THIS SIGNATURE PAGE, YOU AUTHORIZE, ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THE CLIENT AGREEMENT AND TO THE FOLLOWING:</p> <ul style="list-style-type: none"> • Margin: If this is a Margin Account, my resources may be loaned to Third Parties, JPM or leased to others. • Communication Consent: My Financial Advisor may contact me/us as described in Section II, 6 of the CAG. I Agree and • Command Asset Program: Account Holders, in cooperation with the Command Asset Program, Wells Fargo Bank ("A") may establish a Broker Account in my name(s) and provide the services related thereto under the terms and form of the Command Agreement and may make my account available to customers approved, including funds or cash received to diversify the client account through the Command Agreement relating to options or securities involving the Broker Account. • Joint Account Holders, who Pages of Business in Alabama, North Carolina, Tennessee, Texas and Virginia Only: Two persons sign a joint account in their names. If one party to a joint account in the account or the date of death vest in and being a full ownership party as his or her sole property and estate. Each person signing name who is married to another who is not also signing jointly with him/her and warrants that no spouse, son or daughter deposited to the account nor any interests earned on such assets, will subject to the joint agreement, carry or disinherit jointly or otherwise in such assets or savings. • Permission to Share Information with Financial Advisors: Wells Fargo Bank, N.A. and any of its affiliates may have about my/our accounts, including the Wells Fargo Bank deposit accounts, with Wells Fargo Advisors Financial Network, LLC, Financial Advisor and other Advisor and Persons of Wells Fargo Advisors Financial Network, LLC. This authorization to share information will allow my/our Financial Advisor to better serve my/our financial needs. <p>Principal signatures and agreements to the contrary notwithstanding:</p> <p>U.S. Person or Resident Alien: By checking this box, under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The address shown on this form is correct to my knowledge, and I am waiting for a number to be assigned to my account. 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a dealer or a trustee to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person. <p>You must check off item 2 above if you have been notified by the IRS that you are currently subject to backup withholding, regardless of whether reporting interest or dividends on your tax return.</p> <p>Non-Resident Alien: By checking this box, I certify that I am a U.S. citizen or resident alien to U.S. tax purposes and I was provided Form W-BEN, U.S. Tax Withholding Statement, one of the joint owners' brochures, or Form W-8BEN in accordance with the procedures described in TIR-3000 or TIR-3100 or TIR-3105 of the federal tax regulations, all documents shall be applicable to this notice.</p>							
<p>THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED FOR AVOID BACKUP WITHHOLDING.</p> <p>THE CLIENT AGREEMENT CONTAINS A PRE-ARBITRATION CLAUSE LOCATED IN SECTION I, 6. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CLIENT AGREEMENT AND THE PROSPECTUS FOR MONEY MARKET FUNDS/SWEEPS OPTIONS.</p>							
Primary Owner Signature	<i>Michael Rothstein</i>	Date	7/29/2013	Title	Client (if applicable)	Date	7/29/2013
Co-Owner/Associate Party's Signature 1	Printed Name	Date	7/29/2013	Title	Client (if applicable)	Date	7/29/2013
Co-Owner/Associate Party's Signature 2	Printed Name	Date	7/29/2013	Title	Client (if applicable)	Date	7/29/2013
Co-Owner/Associate Party's Signature 3	Printed Name	Date	7/29/2013	Title	Client (if applicable)	Date	7/29/2013

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC (WFAFN), a member FINRA/SIPC, and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors.

FBSD00 Rev 02, Page 2 of 2

Form Code: WFLM-SA

From Dmitry Topchiy Fax +1 (888) 688-4122 * 105

To

Fax +1 (704) 427-8372

Page 1 of 3 7/26/2013 2:59

FAX**Date:** 7/26/2013**Pages including cover sheet:** 3

To:	
Phone	
Fax Number	+1 (704) 427-8372

From:	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
Phone	(347) 263-8487
Fax Number	+1 (888) 688-4122 * 105

NOTE:

Please review and process ACAT form for acc [REDACTED] 8805. Thank you

From Dmitry Topchiy

Fax +1 (888) 688-4122 * 105 To

Fax +1 (704) 427-8372

Page 2 of 3 7/26/2013 2 59

Please note that a statement dated within the last 90 days is required for all Mutual Fund Company and Non-ACAT transfers.

[See tips for lots by citizens](#) / [see our EPC](#)

- A. Entity Account Transfer (check one only)**
 - Transfer - all assets in kind
 - Liquidation/no: Some firms may not accept the form for liquidation. Do not enter Service Request on the ASA system if liquidation is requested
 - Liquidate - all assets and transfer proceeds
 - Liquidate - only assets listed in the Asset Listing in Section 4, transfer proceeds and all remaining assets in kind
 - B. Partial Account Transfer**
 - Transfer assets or proceeds as listed in the Asset Listing in Section 4
 - C. Mutual Fund Transfer (statement required)**
 - Shares held directly at a mutual fund company or held as physical certificates (includes 529 plan accounts) - If funds are held in a third party (i.e. Trust Company, Bank) complete section A or B
 - Mutual Funds held direct - list each type in the Asset Listing in Section 4
 - Mutual Fund certificates - FA Last Name

- D. Certificate of Deposit Liquidation (CD) (check one only)**

Upon Maturity - the maturity date is _____
(date it always begins maturity when)

Immediately - I acknowledge there may be a penalty and/or a vendor charge for a h/t liquidation

Percent or Amount _____ of my maximum investment

E. Annuity Liquidations (check one only)

Immediately - I acknowledge there may be a penalty and/or a vendor charge for a h/t liquidation

Percent or Amount _____ of my maximum investment

Penalty free if held over 1 year

1 Asset List

Investment products and services are offered through Wells Fargo Advisors Financial Network, Llc ("WFAFN"), member FINRA/SIPC and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors.

2012-05-22 12:29 Page 1 of 4

106584459

From Dmitry Topchii

Fax +1 (888) 688-4122 ext 105

To

Fax +1 (704) 427-8372

Page 3 of 3 7/26/2013 2:59

DELMAR	88PS
Delivery Firm Channel	0773

3. Authorization to Change Registration

By completing this section you are authorizing a transfer between unlike account registrations and ownership. Not applicable for retirement accounts. Note: The delivering firm may require additional paperwork to transfer between unlike account registrations.

Delivering Firm/Mutual Fund Co Account Type

Account Number

Account Hold Security Number / Tax ID

(Delivering Firm/Mutual Fund Co Account Type)

Account Number

Account Hold Security Number / Tax ID

I understand and accept the change of registration and my signing does not have funds Peso Adhesive, First Checking, LLC and the delivering firm responsible from acting on this above instruction. This may not be applicable in all cases.

4. One and Same Name Certification

By completing this section you are authorizing a transfer between unlike account registrations only.

I this is to certify that

(Print Name)

and

(Print Name) are one and the same person.

I sign as both ways Accounts are Registered:

Sign Name	Print Name	Date
X		
Agreeable		Date

5. Authorized Signatures

Account Holder's Signature Capacity	Account Holder's Name (print)	Date
X <i>Michael Rothstein</i>	Michael Rothstein	07/26/2013
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
X <i>Ron Rothstein</i>	Ron Rothstein	07/26/2013
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
X <i>R. S. Rothstein</i>	R. S. Rothstein	07/26/2013
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
X		
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
X		
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
X		

Office Use Only - Client Identification/Signature Validation - Mutual Fund Client Transfers and Liquidations Only

(Check one of the four Validation Options)

Signature Guarantee

- Client Personally Known to Me
- Validated Government-Issued Photo ID (when client is present)
- Compared signature to existing documents
- Validly confirmed two of the following when client is not present:
 - Social Security Number or Tax Identification Number
 - Date of Birth
 - Home Telephone Number
 - Recent Account Activity

I certify that I validated the client's identity and/or signature via the method indicated above. I further certify that the client has the authority to execute the transaction.

Name (Print)	Signature	Date
X		

For Internal First Checking Transfers Only - For use if required by channel

<input checked="" type="checkbox"/> Authorizer or Supervisor's Signature	Type
<input type="checkbox"/> Successor/Assistant Signature	
<input type="checkbox"/> Date (must be completed)	

88736 Block 02 120720 Page 3 of 4

From: Dmitriy Topchiy Fax: +1 (888) 688-4122 * 105

To:

Fax: +1 (704) 427-8372

Page 1 of 8 7/29/2013 11:49

FAX**Date:** 7/29/2013**Pages including cover sheet:** 8

To:	
Phone	
Fax Number	+1 (704) 427-8372

From:	Dmitriy Topchiy
	Wells Fargo Advisors Finet
	170 Broadway
	Brooklyn
	NY 11211
Phone	(347) 263-8487
Fax Number	+1 (888) 688-4122 * 105

NOTE:

Please review and process ACAT form request for acc [REDACTED] 8805. Thank you

From: Dmitry Topchii

Fax +1 (888) 688-4122 * 105 To: Customer Account Transfer

Fax +1 (704) 427-8372

Page 2 of 8 7/29/2013 11:49

<p>1. RECEIVING Firm Account Information</p> <p>Client Tax ID Number / EIN / SSN / NIN _____ Sent by Tax ID Number / Site Sec Num _____</p> <p>Receiving Firm Account Registration Address <i>Michael Rothstein and M S Rothstein and Rene Rothstein - Rubin JTW&S 1635 East 19th St. Brooklyn, NY 11229 - 1345</i></p> <p>(Select one) Non-Requirement Account Type <input checked="" type="checkbox"/> Joint Trust Custodian Estate Corporate Other _____</p> <p>Requirement Account Type Roth IRA Traditional IRA Qualified 401(k) SIMPLE IRA Other _____ SEP IRA Education Savings _____</p>	<p>2. Delivering Firm Account Information</p> <p>Delivering Firm Account Registration Address <i>Michael Rothstein 119 S Rothstein Rene Rothstein Rubin JTW&S 1635 E 19th St Brooklyn, NY 11229 1345</i></p> <p>(Select one) Non-Requirement Account Type <input checked="" type="checkbox"/> Joint Trust Custodian Estate Corporate Other _____</p> <p>Requirement Account Type Roth IRA Traditional IRA Qualified 401(k) SIMPLE IRA Other _____ SEP IRA Education Savings _____</p>
---	--

Please note that a statement dated within the last 90 days is required for all Mutual Fund Company and Non-ACAT transfers.

3. Transfer Instructions (select one)

A. Entire Account Transfer (check one only)

Transfer - all assets in kind

Liquidations - Some firms may not accept this form for Liquidation. Do not enter Service Request on the ACAT system if liquidation is requested

Liquidate - all assets and transfer proceeds

Liquidate - only assets listed in the Asset Listing in Section 4, transfer proceeds and all remaining assets in kind

B. Partial Account Transfer

Transfer assets or proceeds as listed in the Asset Listing in Section 4

C. Mutual Fund Transfer (statement required)

Shares held direct at a mutual fund company (if held as physical certificates (excludes 529 plan accounts)) If funds are held in a third party i.e. Trust Company Bank complete section A or B

Mutual Funds held direct - List each fund in the Asset Listing in Section 4

Mutual Fund Certificates - PA Last Name _____

D. Certificate of Deposit Liquidation (CD) (check one only)

Upon Maturity - the maturity date is _____
 (enter month before maturity date)

Immediately - I acknowledge there may be a penalty and/or surrender charge for a full liquidation

Percent or Amount _____ % (If not marked, liquidate all)

E. Annuity Liquidation (check one only)

Immediately - I acknowledge there may be a penalty and/or surrender charge for a full liquidation

Percent or Amount _____ % (If not marked, liquidate all)

Penalty-free amount only

4. Asset Listing

Asset Identification Symbol / CUSIP	Quantity	Type of Transfer (check one) In Kind Liquidate	Mutual Fund Account Number (if direct at the Fund)	Mutual Fund (Capital Gain Option) Reinvested Cash	Mutual Fund (Dividend Option) Reinvested Cash
Cash \$					
	\$P	In Kind		Reinvested Cash	Reinvested Cash
	\$H	Liquidate		Reinvested Cash	Reinvested Cash
	\$A	In Kind		Reinvested Cash	Reinvested Cash
	\$L	Liquidate		Reinvested Cash	Reinvested Cash
	\$R	In Kind		Reinvested Cash	Reinvested Cash
	\$P	Liquidate		Reinvested Cash	Reinvested Cash
	\$H	In Kind		Reinvested Cash	Reinvested Cash
	\$A	Liquidate		Reinvested Cash	Reinvested Cash
	\$L	In Kind		Reinvested Cash	Reinvested Cash
	\$R	Liquidate		Reinvested Cash	Reinvested Cash
	\$P	In Kind		Reinvested Cash	Reinvested Cash
	\$H	Liquidate		Reinvested Cash	Reinvested Cash
	\$A	In Kind		Reinvested Cash	Reinvested Cash
	\$L	Liquidate		Reinvested Cash	Reinvested Cash
	\$R	In Kind		Reinvested Cash	Reinvested Cash
	\$P	Liquidate		Reinvested Cash	Reinvested Cash

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member FINRA/SIPC and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors.

587308 (Rev 02-12/12) Page 1 of 4

SR# 108584459

From: Dmitry Topchii

Fax: +1 (860) 688-4122 ext 105

To:

OTL DRN DR5
Office of the Clerk

Fax: +1 (704) 427-8372

Page 3 of 8 7/29/2013 11:49

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
OTL	DRN	DR5
Office of the Clerk		8803
Delivery Firm/Clearing Firm		
First Clearing LLC		
Delivery Firm/Clearing Firm		
First Clearing LLC		

5. Authorization to Change Registration

By completing this section you are authorizing a transfer between unlike account registrations and ownership. Not applicable for retirement accounts. Note: The delivering firm may require additional paperwork to transfer between unlike account registrations.

Delivering Firm/Mutual Fund Co Account #8803

Account Number

Account Social Security Number/Tax ID

Receiving Firm/Mutual Fund Co Account #8803

Account Number

Account Social Security Number/Tax ID

I understand and accept the change of registration and ownership from First Wealth Advisors, First Clearing, LLC and the delivering firm/transfer from acting on the above instruction. This may not be applicable in all cases.

6. One and Same Name Certification

By completing this section you are authorizing a transfer between unlike account registrations only.

This is to certify that _____ (print name)

and _____ (print name) are one and the same person.

Sign as both ways Accounts are Registered

<input checked="" type="checkbox"/> Signature	Print Name	Date
<input checked="" type="checkbox"/> Signature	Print Name	Date
<input checked="" type="checkbox"/> Signature	Print Name	Date

7. Authorized Signatures

Account Holder's Signature Capacity	Account Holder's Name (print)	Date
<input checked="" type="checkbox"/> <i>Michael Rothstein</i>	<i>Michael Rothstein</i>	07/28/2013
Non-Account Holder's Person's Capacity	Account Holder's Name (print)	Date
<input checked="" type="checkbox"/> <i>Renee Rothstein - Sitt</i>	<i>Renee Rothstein - Sitt</i>	07/28/2013
Agent/Holder's Signature Capacity	Account Holder's Name (print)	Date
<input checked="" type="checkbox"/> <i>KTS Rothstein</i>	<i>KTS Rothstein</i>	07/28/2013
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
<input checked="" type="checkbox"/>		
Account Holder's Signature Capacity	Account Holder's Name (print)	Date
<input checked="" type="checkbox"/>		

Office Use Only - Client Identification/Signature Validation - Mutual Fund Direct Transfers and Limitations Only

(Check one of the four validation Options.)

- Client Personally Known to Me
- Validated Government-Issued Photo ID when client is present
- Compared signature to imaged documents
- Verbally confirmed two of the following (when client is not present)

Social Security Number or Tax Identification Number
Date of Birth
Home Telephone Number
Recent Account Activity

Signature Guarantee

I certify that I validated the client's identity and/or signature via the method indicated above. I further certify that the client has the authority to execute the transaction.

Name (Print)	Signature	Date
	<i>X</i>	

For Internal First Clearing Transfers Only - For use if required by channel

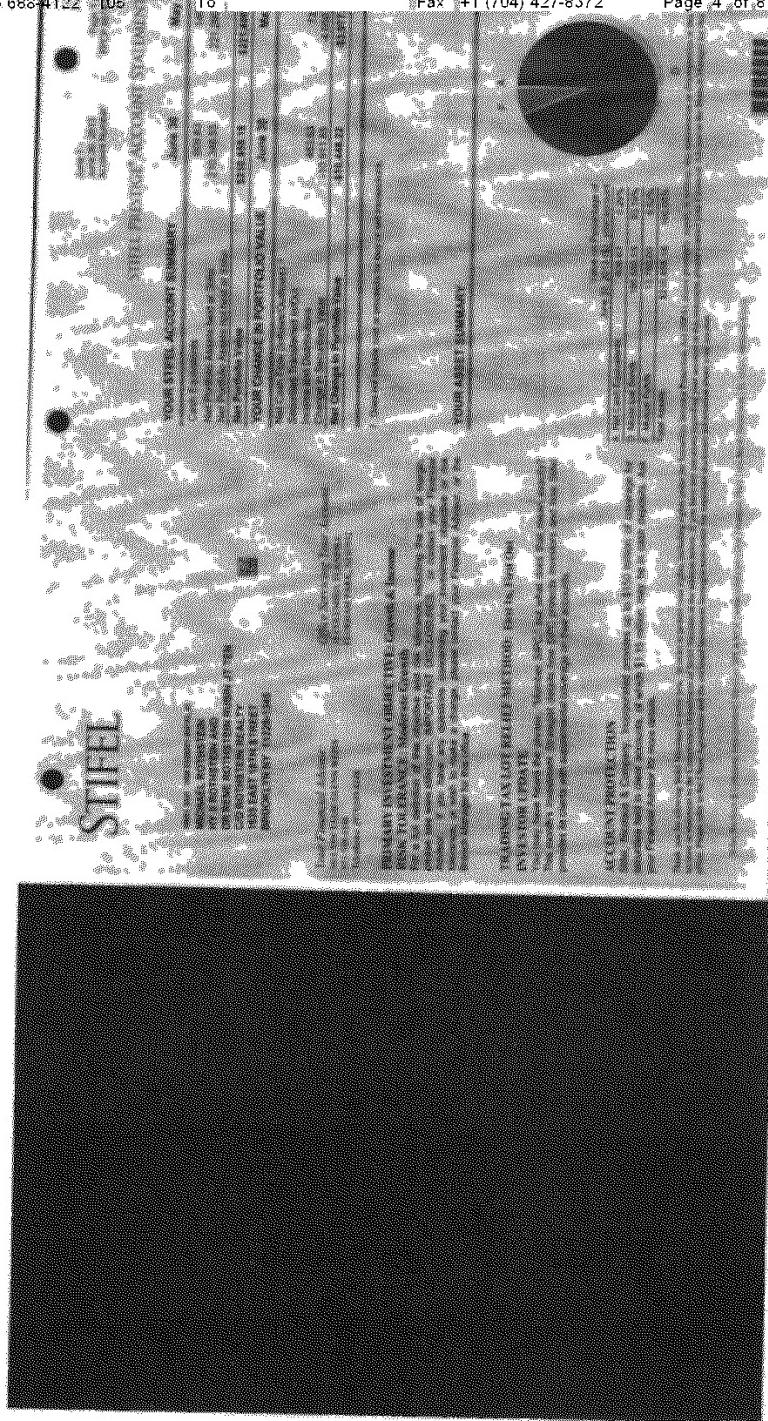
<input checked="" type="checkbox"/> Branch Manager or Supervisor Signature	Date	
Custodian Acceptance - Firm Use Only		
Be advised that First Clearing LLC accepts appointment as Successor Custodian Contact:		
<input checked="" type="checkbox"/> Successor Custodian Signature	Account Transfers	Phone: (855) 372-3628
Date (must be completed)	Mutual Funds Department	Phone: (314) 966-2684

From Dmitry Topchiy Fax +1 (888) 688-4122 1105

To :

Fax +1 (704) 427-8372

Page 4 of 8 7/29/2013 11:49



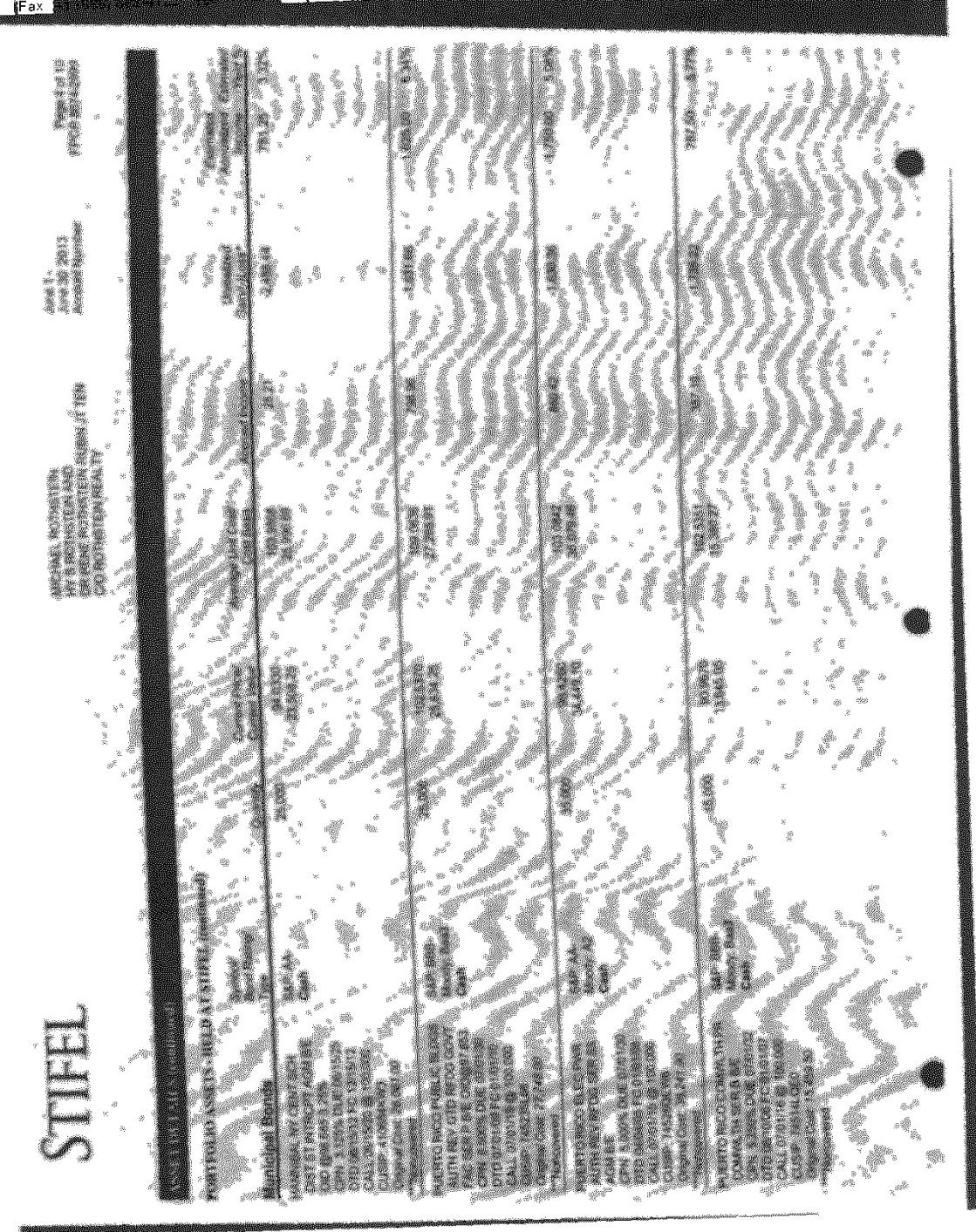
From: Dmitry Topchii

[Fax]

To:

Fax: +1 (704) 427-8372

Page 5 of 8 7/29/2013 11:49



From Dmitry Topchiy

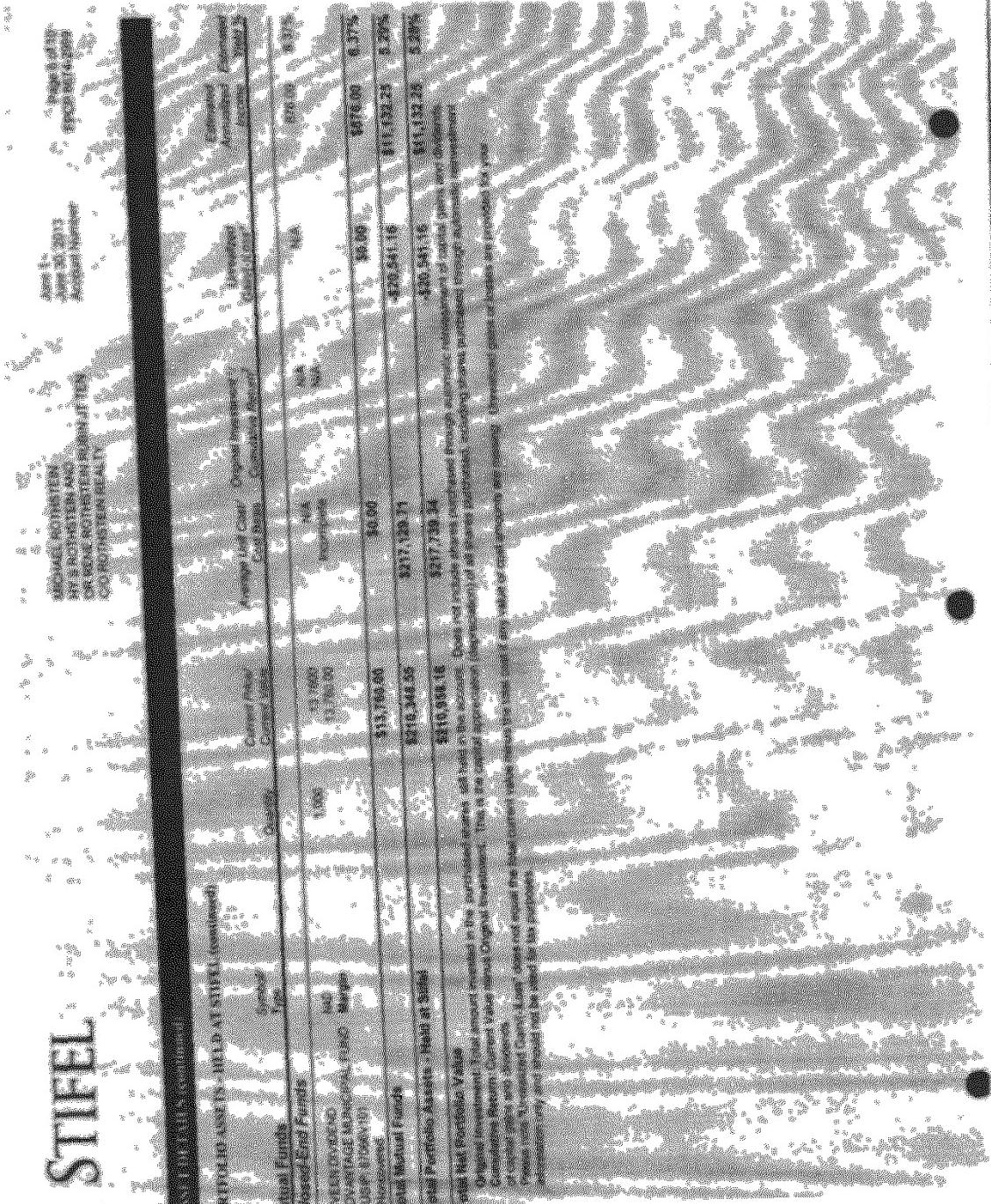
Fax +1 (828) 682-4122 * 105

To

Fax +1 (704) 427-8372

Page 6 of 8 7/29/2013 11:49

STIEFEL



From Dmitry Topchiy To : Fax +1 (704) 427-8372 Page 7 of 8 7/29/2013 11:49

STIEBEL

Category	Description	Quantity	Unit Price	Total
1. Materials and Equipment				
1.1. Direct Labor				
1.2. Indirect Labor				
1.3. Materials				
1.4. Equipment				
1.5. Total Materials and Equipment				
2. Subcontractors				
3. Other Expenses				
4. Total				

GENERAL CONTRACTOR'S PAYMENT STATEMENT

General Contractor's Payment Statement
Contractor Name: STIEBEL
Contractor Address: 1000 W. 10th Street, Suite 100, Charlotte, NC 28204
Contractor Telephone: (704) 333-1111
Contractor Email: info@stiebel.com
Contractor Tax ID: 123-4567890
Contractor SSN: 123-45-6789
Contractor DBA: STIEBEL
Contractor CCR#:

Subcontractor Name: STIEBEL
Subcontractor Address: 1000 W. 10th Street, Suite 100, Charlotte, NC 28204
Subcontractor Telephone: (704) 333-1111
Subcontractor Email: info@stiebel.com
Subcontractor Tax ID: 123-4567890
Subcontractor SSN: 123-45-6789
Subcontractor DBA: STIEBEL
Subcontractor CCR#:

Payment Period: July 2013
Payment Date: 07/29/2013
Amount: \$11,680.00

Comments: Payment for work performed on 7/29/2013.

GENERAL CONTRACTOR'S PAYMENT STATEMENT

General Contractor's Payment Statement
Contractor Name: STIEBEL
Contractor Address: 1000 W. 10th Street, Suite 100, Charlotte, NC 28204
Contractor Telephone: (704) 333-1111
Contractor Email: info@stiebel.com
Contractor Tax ID: 123-4567890
Contractor SSN: 123-45-6789
Contractor DBA: STIEBEL
Contractor CCR#:

Subcontractor Name: STIEBEL
Subcontractor Address: 1000 W. 10th Street, Suite 100, Charlotte, NC 28204
Subcontractor Telephone: (704) 333-1111
Subcontractor Email: info@stiebel.com
Subcontractor Tax ID: 123-4567890
Subcontractor SSN: 123-45-6789
Subcontractor DBA: STIEBEL
Subcontractor CCR#:

Payment Period: July 2013
Payment Date: 07/29/2013
Amount: \$11,680.00

Comments: Payment for work performed on 7/29/2013.

From Dmitry Topchiy

Fax +1 (888) 688-4122 * 105

To

Fax +1 (704) 427-8372

Page 8 of 8 7/29/2013 11:49

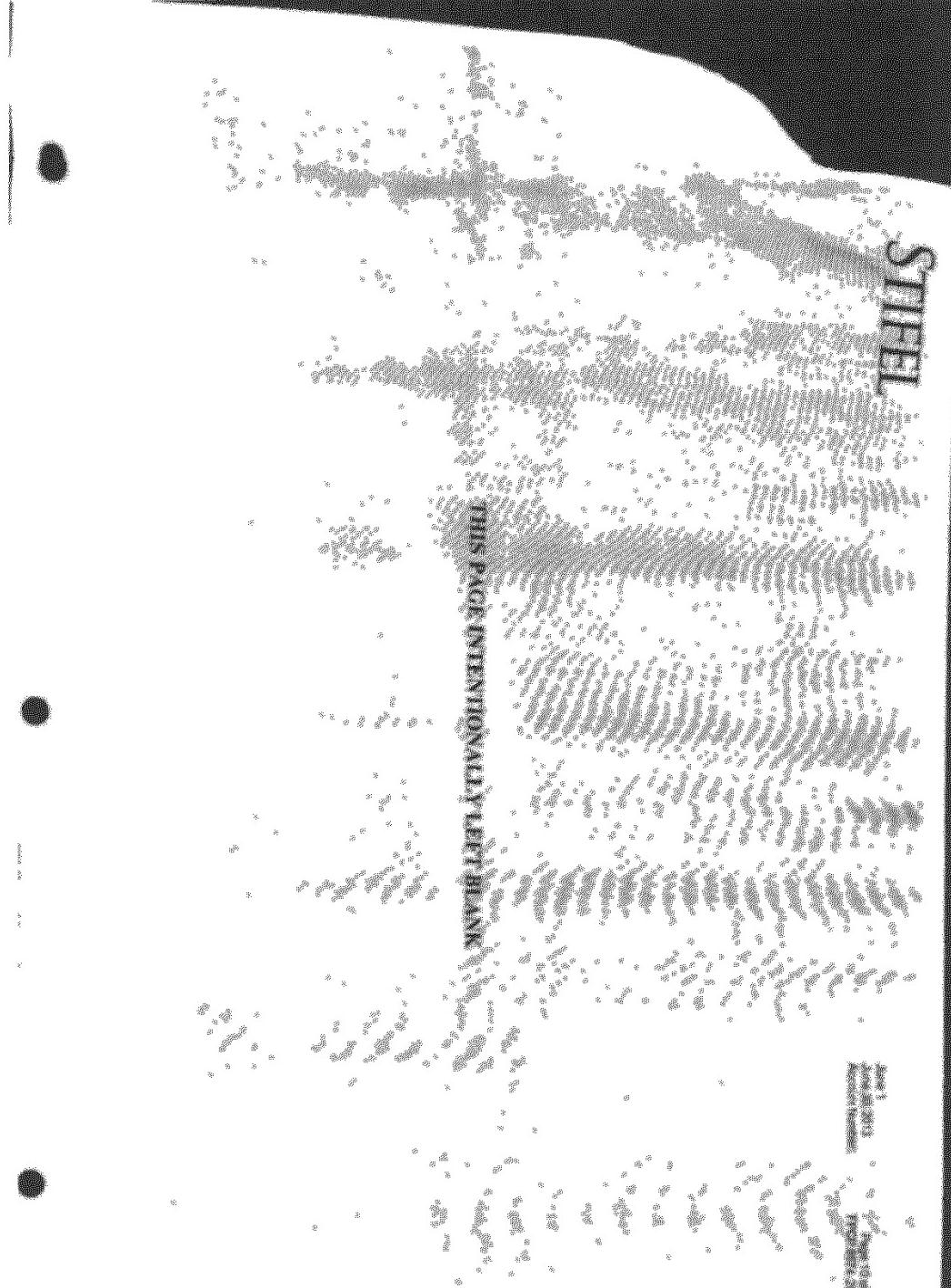


Exhibit “E”

REVIEWED

OCT 15 2019

7/11/2019 3:50PM

No. 2115 2/3

STIFEL NICOLAUS

Account Verification Information

In accordance with Securities and Exchange Commission Rules, Stifel Nicolaus is verifying the account information below. If the information provided below is correct, no further action on your part is required; however, if there are any discrepancies, please note them, sign where indicated, and return the form in the postage-paid envelope provided for your convenience.

Registration and Mailing Address:
 DR RENE ROTHSTEIN RUBIN
 454 NORTH HIGHLAND AVE
 MERION STA PA 19066-1710

Branch Office and Phone Number:
 FLORHAM PARK 973-549-4000
Financial Advisor:
 FPCP - MELVIN TAUB/GLENN WEISS
Account Number: [REDACTED]

Primary Owner:

Legal Name:
 RENE ROTHSTEIN RUBIN

Date of Birth:
 12/01/1956

Occupation:
 PHYSICIAN

Employer:
 SELF

FINRA Affiliation:

NOT ASSOCIATED WITH A BROKER/DEALER OR
 FINRA/NYSE MEMBER(NON STIFEL NICOLAUS)

Legal Address:
 454 NORTH HIGHLAND AVE
 MERION STA PA 19066

Home Phone Number:
 610-546-1590

Business Phone Number:

610 608 4528

Investment Objective and Financial Information:
 This information applies to all account owners.

Primary Investment Objective: GROWTH & INCOME
Annual Income: \$100,000 TO \$249,999
Net Worth: \$500,000 TO \$999,999

Associated Parties Authorized to Act on this Account:

Signature: [Signature]

Joint Signature: [Signature]

If the information displayed above is correct, you do NOT need to sign and return this form.

10/26/2010 17:28 FAX

0058/0088

PAGE 02/02

P.002

10/21/2010 14:55

Rx Date/Time OCT-13-2010(WED) 23:32

9735494181

ST Oct. 13, 2010 1:15PM

PRESTIGE ACCOUNTS

SECURITIES ACCOUNT APPLICATION (No. 373 P. 2)
AND SUBSTITUTE IRS FORM W-9

ACCOUNT OWNER INFORMATION

Account No. [REDACTED]

 New Account Existing Account Transfer Account

F.A. No. FPCP

Account Title: [REDACTED]

Dr. RENF ROTHSTEIN RUBIN 12.01.56

Name

Birth Date (REQUIRED)

Tax ID No. (Required if applicable)

Name

Birth Date (REQUIRED)

Address

State

Secondary Social Security No. (REQUIRED)

Zip

19066

MONEY MARKET FUND ELECTION (CHOOSE ONLY ONE): The General Money Market Fund will be automatically selected if a money market portfolio is not elected.

- General Government Securities Money Market Fund General Municipal Money Market Fund Dreyfus Massachusetts Municipal Money Market Fund
 General Money Market Fund General California Municipal Money Market Fund Dreyfus New Jersey Municipal Money Market Fund
 General Treasury Prime Money Market Fund General New York Municipal Money Market Fund Dreyfus Pennsylvania Municipal Money Market Fund
 FDIC-Insured Money Market Deposit Account Dreyfus Connecticut Municipal Money Market Fund

CASH MANAGEMENT ACCOUNT ELECTION: (Note: If you do not wish to have cash management services, go on to Margin option below.)

STIFEL PRESTIGE® ACCOUNT (No Monthly Fee)

- \$1,000 minimum initial deposit (cash)

Check and debit cards will be issued only if elected below

- Unlimited check writing with no minimum check amount*
- Debit MasterCard® with daily point-of-sale limit of \$5,000*

- Stifel Access

*Duplicate checks and business checks are available as an additional cost

STIFEL PRESTIGE® ACCOUNT (\$5.00 Monthly Fee)

- \$10,000 minimum initial deposit (cash or marginable securities)
- Unlimited check writing with no minimum check amount*
- Debit MasterCard® with daily point-of-sale limit of \$9,999*
- Automatic bill payment Travel and insurance benefits
- Awards program Concierge service Stifel Access

*Duplicate checks and business checks are available as an additional cost

**MasterCard® Requirement: If a Debit MasterCard® is elected, please fill out the following items for security reasons.

Date of Birth ____ / ____ / ____

Mother's Maiden Name _____

MARGIN LINE OF CREDIT ELECTION (OVERDRAFT PROTECTION):

I (we) instruct Stifel, Nicolaus & Company, Incorporated to establish my (our) account as a conventional general account (margin account) allowing for over equity loans, which is established and operated in accordance with Regulation T of the Federal Reserve Board. I acknowledge that I have received, read, and understand the Margin Disclosure Statement and the Investment and Account Services Client Agreement. To elect margin, all account owners must sign in the boxes to the right:

X	REGULATORY OVERDRAFT PROTECTION AGREEMENT	Date
X	AGREEMENT TO HOLD COMMUNITY PROPERTY AS JTWROS	Date

AUTHORIZATION SIGNATURES. BY SIGNING BELOW, I (WE) ACKNOWLEDGE THAT:

- I (we) have received, read, understand, and agree to the enclosed Investment and Account Services Client Agreement.
- THIS AGREEMENT MAY NOT BE AMENDED OR ALTERED UNLESS AGREED TO IN WRITING BY STIFEL.**
- I (we) acknowledge that if this account is a joint account, it will be carried as Joint Tenants With Rights of Survivorship (JTWROS) unless a different registration is specified below. If the account is held as joint tenancy with rights of survivorship, each tenant owns the account in proportion to his or her net contributions to it, and upon the death of one of us, the remaining account passes to the survivor(s). (See reverse of form for important information if you are a resident of a Community Property state or Louisiana.)

Please indicate alternate form of joint ownership, if other than JTWROS, and indicate the percentage ownership of each joint owner.

- I (we) have received and read a Prospectus for the applicable money market fund, or the terms and conditions for the Insured Bank Deposit Program.
- I (we) certify the Substitute IRS Form W-9 below. THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE THAT I CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.
- THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES (page 13, section 19).**

SIGNATURE(S) Sign exactly as account is titled.

X

I ate

10/17/17

ALL ACCOUNT OWNERS MUST SIGN.

Date

SUBSTITUTE IRS FORM W-9

Tax Certification Instructions: You must strike out the language certifying that you are not subject to backup withholding if you have been notified that you are subject to backup withholding due to passive foreign investment and you have not received a notice from the Internal Revenue Service advising you that backup withholding has been reimposed.
Under penalties of perjury, I certify that: 1) The number shown on this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement arrangement, and payments other than interest and dividends); and 3) I am a U.S. person (including a U.S. resident alien).

By signing this Form above, I also state that if I become subject to backup withholding following the opening of my account, I will notify you in writing. See instructions on reverse.

ADD/DELETE INTERESTED PARTY

Date: 10/25/2010

To: Stifel, Nicolaus & Company, Incorporated

Branch Office Address: 18 Columbia Turnpike
Florham Park, NJ
07932

Re: Account Name: Dr. Rene Rothstein Rubin
Account Number: XXXXXXXXXX

Duplicate statements
were deleted after
10/1/16.

Dear Sir/Madam:

Please use this letter to add or delete (*check box*) the following name and address.

Add Delete

Interested Party: Name: Martin Rothstein
Address: 1828 E. 17th Street
Brooklyn, NY 11229

Please check all that apply: Duplicate Confirms Duplicate Statements

Thank you for your cooperation in this matter.

The undersigned hereby agrees to indemnify Stifel, Nicolaus & Company, Incorporated, and its parent, subsidiaries and affiliates and their respective past and present officers, directors, employees and agents against any and all loss, liability, claim, damage or expense (including without limitation, judgments, amounts paid in settlement and attorney's fees) arising out of or relating to the authorization described herein.

(Customer Signature)

(Joint Signature)

**PLEASE NOTE: IF JOINT ACCOUNT, ALL PARTIES MUST SIGN
IF CORPORATE ACCOUNT, PROPER RESOLUTIONS MUST BE ON FILE**

Maranau 11.3.20

11/4/2010
365

STIFEL NICOLAUS

Exhibit “F”

Rene Rothstein Rubin, MD
434 North Highland Ave
Merion Station, PA 19066-1710
Ph: 610-608-4528

October 8, 2019

ATTORNEY-CLIENT PRIVILEGED
VIA FIRST-CLASS MAIL

Michael P. Mangan, Esq.
Mangan Ginsberg LLP
80 Maiden Lane
Suite 304
New York, New York 10038

Dear Mr. Mangan:

I write regarding the default judgment entered in the matter of *Sitt, et al., v. Preis, et al.*, Supreme Court of the State of New York, Kings County, No. 505078/2016, a case in which I, along with others, retained your services to represent us as plaintiffs. Kindly forward to me my file in this matter at the address above, together with the file in the related matter of *Sitt v. Wells Fargo Prime Services LLC, et al.*, FINRA Case, No. 17-01773.

I appreciate your cooperation in this matter. If you have any questions, please do not hesitate to contact me at the number above. Thank you.

Sincerely,

Rene Rothstein Rubin, MD

Rene Rothstein Rubin, MD
434 North Highland Ave
Merion Station, PA 19066-1710
Ph: 610-608-4528

October 8, 2019

VIA FIRST-CLASS MAIL

Stifel
Attn: Glenn Weiss
18 Columbia Turnpike
Florham Park, NJ 07932

Dear Mr. Weiss:

I write in regards to my Money Market Account No. [REDACTED], for which you serve as account manager. Please see attached for the Securities Account Application for this Account. Kindly send me all files and documents related to this Account at the address above.

I appreciate your cooperation in this matter. If you have any questions, please do not hesitate to contact me at the number above. Thank you.

Sincerely,

Rene Rothstein Rubin, MD

Enclosure